

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	01/02/2019 17:37
Date Of Accident	01/02/2019 07:55
Exact Location Of Accident	JUNC INTERNATIONAL BUSINESS PK & BUSSINESS PK DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YJ8583H
Insured/Policyholder	
Name Of Registered Owner	M/S YISHUN TOWING PTE LTD
Co Reg No	200106908W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64588480

Vehicle Particulars

Manufacturer	ISUZU
Model	FTR33F
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN1826551800
Cover Note Number	-

Driver

Name of Driver	PERIYASAMY PAZHANI
NRIC No	G8274338W
Date Of Birth	03/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86811725
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	4015 AMK IND PARK 1 #01-502
Postcode	569631
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6700H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



P. Sankar
Policyholder's Signature
Date & Time:

P. Sankar
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Hand-drawn diagram illustrating a 3D coordinate system with axes labeled:

- Business Layer** (vertical axis)
- International Business** (horizontal axis)
- Business Layer** (depth axis)

The diagram shows a grid of points labeled A1 through A100, arranged in a 10x10x10 cube. The points are labeled as follows:

- Top Layer (A1-A10):** A1, A2, A3, A4, A5, A6, A7, A8, A9, A10
- Second Layer (A11-A20):** A11, A12, A13, A14, A15, A16, A17, A18, A19, A20
- Third Layer (A21-A30):** A21, A22, A23, A24, A25, A26, A27, A28, A29, A30
- Fourth Layer (A31-A40):** A31, A32, A33, A34, A35, A36, A37, A38, A39, A40
- Fifth Layer (A41-A50):** A41, A42, A43, A44, A45, A46, A47, A48, A49, A50
- Sixth Layer (A51-A60):** A51, A52, A53, A54, A55, A56, A57, A58, A59, A60
- Seventh Layer (A61-A70):** A61, A62, A63, A64, A65, A66, A67, A68, A69, A70
- Eighth Layer (A71-A80):** A71, A72, A73, A74, A75, A76, A77, A78, A79, A80
- Ninth Layer (A81-A90):** A81, A82, A83, A84, A85, A86, A87, A88, A89, A90
- Tenth Layer (A91-A100):** A91, A92, A93, A94, A95, A96, A97, A98, A99, A100

Arrows indicate the direction of the axes: up for the vertical axis, right for the horizontal axis, and into the page for the depth axis.

I was driving straight towards International Business Park. Green light was in my favour and I proceeded straight. Suddenly, vehicle B from the opposite direction made a right turn towards Business Park or without waiting for the green arrow. I tried to honk to warn the driver and also applied my brake. However, the collision still took place.

☒ We declare the foregoing particulars are true in every respect.



Date & Time:

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: